

TRICARE®

Your Military Health Plan

TRICARE Benefits/Programs for the National Guard and Reserve During Deactivation

Presenter Name Month DD, YYYY



Today's Agenda

- What Is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- Other Important Information
- For Information and Assistance



Photo courtesy of The National Guard





What Is TRICARE?

TRICARE is...

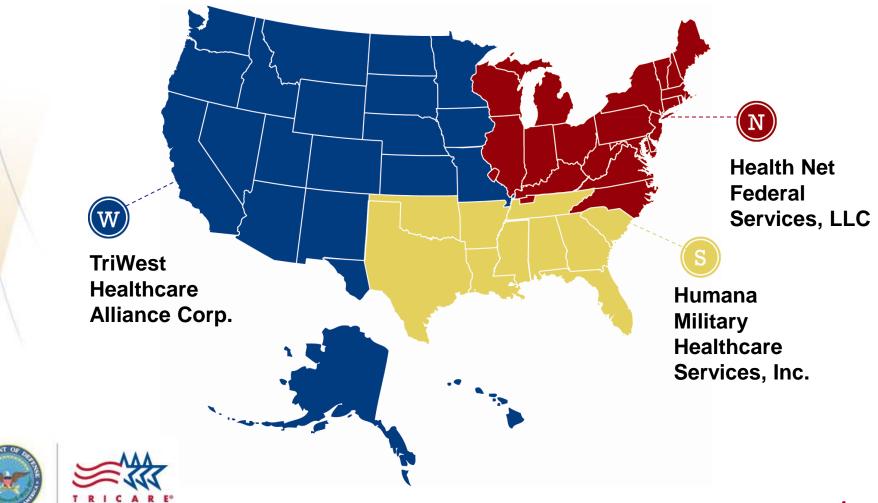
- ... the **health care program** for active duty service members, National Guard and Reserve members, retirees, family members, survivors, and certain former spouses worldwide.
- ... a **network of military and civilian health care professionals** working together to foster, protect, sustain, and restore health for those entrusted to their care.



What Is TRICARE?

TRICARE Stateside Regions (50 United States & Washington, DC)

TRICARE is available worldwide and managed regionally



TRICARE Eligibility

Take Action! Register Your Family in DEERS

Registration in **DEERS** is key to TRICARE eligibility

Register your family members in the Defense Enrollment Eligibility Reporting System (DEERS)

- In person at a uniformed services identification (ID) card-issuing facility: www.dmdc.osd.mil/rsl/owa/home
- By sending changes and required documentation to:

Defense Manpower Data Center Support Office (DMDC) 400 Gigling Road Seaside, CA 93955-6771





TRICARE Eligibility

Take Action! Register Your Family in DEERS

- Proper documentation is required
- To verify eligibility
 - Go to <u>www.mydodbenefits.dmdc.mil</u>
 - Local MTF's Patient Admin Office
 - Contact your Service's personnel office





TRICARE Eligibility Updating DEERS

- Keep your contact information up to date:
 - Online: <u>www.dmdc.osd.mil/appj/address/</u>
 - By Phone: 1-800-538-9552
 - By Fax: 1-831-655-8317
 - Visit an ID card-issuing facility: www.dmdc.osd.mil/rsl/owa/home
- More information: <u>www.tricare.mil/DEERS</u>
- Remember to register/update DEERS whenever there is a change in the family (marriage, birth, adoption, divorce, death, etc.) or when you move





TRICARE Eligibility

Coverage Life Cycle



TRICARE Reserve
Select (TRS)
TRICARE Retired
Reserve (TRR) &
Line of Duty (LOD)



Transitional Assistance
Management Program (TAMP)
& Continued Health Care
Benefit Program (CHCBP)

Pre-Activation:

Active Duty Benefits



Active Duty Benefits





Transitional Assistance Management Program (TAMP)



Photo courtesy of Flickr user Herald Post

- Guard/Reserve active duty served more than 30 consecutive days in support of a contingency operation
- 180 days of transitional health care benefits
- Begins the day after you separate from active duty
- All beneficiaries covered as active duty family members; including the service member
- Reenrollment necessary for TRICARE Prime (where locally available)

Note: TAMP does not cover Line of Duty (LOD) care.





TAMP: Program Options

- TRICARE Standard: Available worldwide
- TRICARE Extra: Available in the U.S.
- TRICARE Prime: Available in Prime Service Areas (PSAs)
- US Family Health Plan (USFHP): Available in six designated areas in the United States
- Overseas information: <u>www.tricare.mil/overseas</u>







TRICARE Standard and TRICARE Extra: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: <u>www.tricare.mil/mtf</u>
- For TRICARE Extra, locate a TRICARE Network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)





TRICARE Standard and TRICARE Extra: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or <u>www.tricare.mil/findaprovider</u>
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to <u>www.tricare.mil/providers/BecomeANonNetworkProvider.aspx</u>



TRICARE Standard and TRICARE Extra: Costs

- Annual deductible based on sponsor's pay grade
 - E4 and below: \$50 per individual or \$100 per family
 - E5 and above: \$150 per individual or \$300 per family
- Cost shares/copayments for sponsor and covered family members same as those for active duty family members
 - Outpatient: 15% for network and 20% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$1000/family for covered medical service
- For the most up-to-date cost information, visit www.tricare.mil/costs





TRICARE Prime: Enrollment

- Enroll via the Beneficiary Web Enrollment (BWE) site at https://www.dmdc.osd.mil/appj/bwe/
- Fill out the TRICARE Prime
 Enrollment Application and PCM
 Change Form (DD Form 2876):
 www.tricare.mil/forms

Note: Family members enrolled in TRICARE Prime during sponsor's activation period need to re-enroll when sponsor comes off active duty status



TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM

(Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions before completing this form.) OMB No. 0720-0008 OMB approval expires Feb 26, 2010

AGENCY DISCLOSURE NOTICE

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TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage
- Primary care manager (PCM) delivers most routine care







TRICARE Prime: Getting Care

- PCM coordinates urgent and specialty care (referrals required)
- For emergencies, call 911 or go to the nearest emergency room



TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles, or cost-shares
- Pharmacy copayments apply when using civilian pharmacies
- Point-of-service (POS) option available
- Catastrophic cap: \$1,000/family for covered medical services







US Family Health Plan (USFHP)

- TRICARE Prime option
- Available in six service areas across the country
- Service member/sponsor can enroll



- USFHP participants are not eligible for health care or pharmacy services at MTFs
- More information: <u>www.usfhp.com</u>





Getting Care

Behavioral Health Care Services

- Emergency services: Required when an individual considers himself or herself, or is perceived by others to be, an immediate risk to self or others
 - Call 911 or go to the nearest emergency care facility
 - Call the National Suicide Prevention Lifeline at 1-800-273-8255
- When covered by TRICARE (activation cycle or TRICARE Reserve Select)
 - Telemental Health Program: Connects beneficiaries with off-site providers through audio-visual conferencing
 - Outpatient services: Behavioral health services provided without an overnight stay





Getting Care

Behavioral Health Care Services

- Inpatient services: Require an overnight stay (e.g., substance abuse "rehab" programs)
- TRICARE Assistance Program (TRIAP): (active duty benefit)
 - Provides online, non-medical counseling from your home
- For more information, visit <u>www.tricare.mil/mentalhealth</u>





TRICARE Reserve Select (TRS): Step 1 – Qualify

- Selected Reserve Member may qualify if:
 - Not eligible for, or enrolled in, Federal Employees Health Benefits (FEHB) program
 - For more information, visit <u>www.tricare.mil/trs</u>
- Log onto the "Reserve Component Purchased TRICARE Application"
 - 1. Follow the instructions to qualify
 - 2. If qualified, print-out and sign the completed DD Form 2896-1, Reserve Component Health Coverage Request form





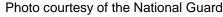
If you have any questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at http://ra.defense.gov

TRICARE Reserve Select: Step 2 – Purchase

- Mail
 - 1. Signed and completed request form (DD Form 2896-1)
 - 2. To TRICARE contractor address on form
 - 3. Make initial premium payment as indicated on form

Note: For continuous TRICARE coverage, National Guard and Reserve members can purchase TRS up to 60 days before TAMP ends, but no later than 30 days after TAMP ends









TRICARE Reserve Select: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: <u>www.tricare.mil/mtf</u>
- For TRICARE Extra, locate a TRICARE network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)





TRICARE Reserve Select: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or <u>www.tricare.mil/findaprovider</u>
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to <u>www.tricare.mil/providers/BecomeANonNetworkProvider.aspx</u>



TRS: Costs

- Monthly premiums (calendar year 2011)
 - \$ 53.16 Member-only coverage
 - \$197.76 Member-and-family coverage
- Annual deductible based on sponsor's pay grade:
 - E4 and below: \$50 per individual or \$100 per family
 - E5 and above: \$150 per individual or \$300 per family





TRS: Costs

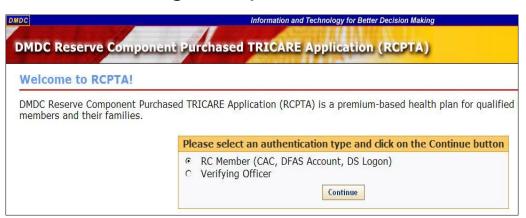
- Cost shares/copayments for sponsor and covered family members same as those for active duty family members
 - Outpatient: 15% for network and 20% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$1000/family for covered medical services
- For the most up-to-date cost information, visit <u>www.tricare.mil/costs</u>





TRICARE Retired Reserve (TRR): Step 1 – Qualify

- Retired Reserve Member may qualify if:
 - Not eligible for, or enrolled in, Federal Employees Health Benefits (FEHB) program
 - For more information, visit <u>www.tricare.mil/trr</u>
- Log onto the "Reserve Component Purchased TRICARE Application"
 - 1. Follow the instructions to qualify
 - 2. If qualified, print-out and sign the completed DD Form 2896-1, Reserve Component Health Coverage Request form





If you have any questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at http://ra.defense.gov

TRICARE Retired Reserve: Step 2 – Purchase

- Mail
 - 1. Signed request form (DD Form 2896-1)
 - 2. To TRICARE contractor address on form
 - 3. Enclose initial premium payment amount indicated on form





TRICARE Retired Reserve: Getting Care

- No referrals necessary
 - Certain services require prior authorization
 - In the event of an emergency, call 911 or go to the nearest hospital
- Locate a MTF for space-available care
 - MTF locator: <u>www.tricare.mil/mtf</u>
- For TRICARE Extra, locate a TRICARE Network provider
 - Contact the TRICARE regional contractor, check their website, visit a TRICARE Service Center (TSC)





TRICARE Retired Reserve: Getting Care

- For TRICARE Standard, locate a non-network TRICARE-authorized provider
 - Check your phone book or <u>www.tricare.mil/findaprovider</u>
 - Ask provider's office, "Do you accept TRICARE?"
 - If not, invite the provider to become TRICARE authorized
 - Give your provider the phone number of your regional contractor or send them to <u>www.tricare.mil/providers/BecomeANonNetworkProvider.aspx</u>



TRR: Costs

- Monthly premiums (calendar year 2011)
 - + 408.01 Member-only coverage
 - \$1,020.05 Member-and-family coverage
- Annual deductible \$150 per individual or \$300 per family
- Cost shares/copayments for sponsor and covered family members
 - Outpatient: 20% for network and 25% for non-network
 - Inpatient: daily rate (adjusted annually) with a \$25 minimum
- Catastrophic cap: \$3,000/family per fiscal year for covered medical services
- For the most up-to-date cost information, visit www.tricare.mil/costs





Line of Duty Care



Photo courtesy of the U.S. Army

- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty
- Includes injuries sustained while traveling to and from your duty station
- Must have a Line of Duty determination (LOD)
- Care provided at military hospitals or clinics or coordinated by the Military Medical Support Office (MMSO)

Note: TAMP does not cover Line of Duty (LOD) care.





Continued Health Care Benefit Program (CHCBP)

- Similar to COBRA continuation health coverage
 - 18 months of temporary, premium-based coverage
 - \$988/quarter for individual coverage
 - \$2,213/quarter for family coverage
- CHCBP eligibility begins the day after you lose active-duty TRICARE coverage or TAMP coverage ends
 - Must enroll within 60 days of loss of military benefits and pay quarterly premiums
- Administered by Humana Military Healthcare Services for all regions
 - **-** 1-800-444-5445
 - www.humana-military.com





Priority for Access to Military Treatment Facility Care

1	Active duty service members, including National Guard and Reserve members on active duty status
2	Active duty family members enrolled in a TRICARE Prime option
3	Retired service members, their dependents, and all others enrolled in a TRICARE Prime option
4	Active duty family members not enrolled in a TRICARE Prime option, and TRICARE Reserve Select beneficiaries
5	Retired service members and their dependents not enrolled in a TRICARE Prime option, TRICARE Retired Reserve beneficiaries, and all other eligible beneficiaries not enrolled in a TRICARE Prime option





TRICARE Pharmacy Program

Pharmany Ontion	Formulary		Non Formulary	
Pharmacy Option	Generic	Brand Name	Non-Formulary	
MTF Pharmacy (up to a 90-day supply)	\$0	\$0	N/A	
TRICARE Pharmacy Home Delivery (up to a 90-day supply)	\$3	\$9	\$22	
Retail Network Pharmacy (up to a 30-day supply)	\$3	\$9	\$22	
Non-Network Retail Pharmacy (up to a 30-day supply)	TRICARE Prime: 50% cost- share after point-of-service deductible is met		TRICARE Prime: 50% cost- share after point-of-service deductible is met	
	Other Programs: \$9 or 20% of total cost (<i>whichever is greater</i>) after the annual deductible is met		Other Programs: \$22 or 20% of total cost (<i>whichever is greater</i>) after the annual deductible is met	

Express Scripts, Inc. website: www.express-scripts.com/TRICARE

TRICARE Dental Program (TDP)

- Voluntary, premium-based program
- Premiums depend on sponsor's status

Service	Sponsor	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	\$12.69	\$31.72	N/A
National Guard and Reserve	\$12.69	\$31.72	\$79.29	\$91.98
Individual Ready Reserve	\$31.72	\$31.72	\$79.29	\$111.01

TDP website: www.TRICAREdentalprogram.com





TRICARE and Other Health Insurance

- TRICARE serves as the secondary payer.
- If you have other health insurance (OHI):
 - Fill out a TRICARE Other Health Insurance Questionnaire (<u>www.tricare.mil/mybenefit/Forms.do</u>)
 - Follow the referral and authorization rules for your OHI
 - Tell your provider about your OHI and TRICARE
 - Show him or her your insurance card





Protecting Your Health Care Rights

- Department of Defense (DoD), Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Health care rights and protections include:
 - Continuing existing employer-based health plan
 - Reinstatement to employer's health plan
- DoD/National Committee for Employer Support of the Guard and Reserve (NCESGR):
 - 1-800-336-4590 or <u>www.esgr.org/userra</u>





For Information and Assistance

Stateside Regional Contractors

TRICARE North Region

Health Net Federal Services 1-877-TRICARE (1-877-874-2273)

www.hnfs.com

TRICARE South Region

Humana Military Healthcare Services 1-800-444-5445

www.humana-military.com

TRICARE West Region

TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378)

www.triwest.com

General Contact Information

TRICARE Website: www.tricare.mil Contacts: www.tricare.mil/contacts MMSO: www.tricare.mil/tma/mmso

Overseas Regional Contractor

International SOS Assistance, Inc.

Eurasia-Africa:

+44-20-8762-8384

Latin America & Canada:

+1-215-942-8393

Pacific:

Singapore: +65-6339-2676 Sydney: +61-2-9273-2710 www.tricare-overseas.com

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